FEE TRANSMITTAL FOR FY 2005

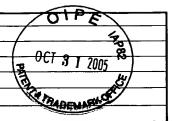
Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)120.00

	Complete if Known
Application Number	09/542,473
Filing Date	April 4, 2000
First Named Inventor	Takayuki IKEDA et al.
Examiner Name	Ahmed N. Sefer
Art Unit	2826
Attorney Docket No.	740756-2138



, METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)								
Check Credit Card Money Other None	3. ADDITIONAL FEES								
Deposit Account:	Large Entity Small Entity								
Deposit Account 19-2380	Fee	Fee	Fee	Fee		Fee Descrip	tion		
Account 19-2380 Number	Code 1051	(\$) 130	2051	(\$) 65	Surcharge -	- late filing fee or	oath		
	1052	50	2052	25	_	_	filing fee or cover	<u> </u>	
					sheet	•	3		
Deposit Account Nixon Peabody LLP	1053	130	1053	130	Non-Englis	sh specification			
Name 141X011 1 Cabody 15131	1812	2,520	1812	2,520	For filing a	request for ex pa	rte reexamination		
The Commissioner is authorized to: (check all that apply)	1804	920* 1804 920* Requesting publication of SIR prior to Examiner							
	1805	1,840*	1805	1,840*	action Requesting	nublication of SI	R after Examiner		
	1005	1,010	1005	1,010	action	, paonouron or S	A GILLI LAMILLIE		
Charge any additional fee(s)	1251	120 -	2251	60	Extension for reply within first month 120.00 *			120.00 🗈	
Charge fee(s) indicated below, except for the filing fee	1252	450	2252	225	Extension for reply within second month				
to the above-identified deposit account.	1253	1,020	2253	510	Extension for reply within third month				
FEE CALCULATION	1254	1,590	2254	795	Extension t	for reply within fo	ourth month		
1. BASIC FILING FEE	1255	2,160	2255	1,080	Extension f	for reply within fi	fth month		
Large Entity Small Entity	1401	500	2401	250	Notice of A	Appeal			
Fee Fee Fee Fee Description Gode (\$) Code (\$) Fee Paid	1402	500	2402	250	Filing a bri	ef in support of a	n appeal		
Code (S) Code (S) Fee Paid	1403	1,000	2403	500	-	r oral hearing			
1001 300 2001 150 Utility filing fee	1451	1,510	1451	1,510	•	institute a public	use proceeding		
, ,	1452	500	2452	250		revive – unavoida	• •		
	1453	1,500	2453	750		Petition to revive – unintentional			
1003 200 2003 100 Plant filing fee	1501		2501						
1004 300 2004 150 Reissue filing fee	1502	1,400 800	2502	700 400	-	Utility issue fee (or reissue)			
1005 200 2005 100 Provisional filing fee					Design issue fee				
SUBTOTAL (1) (\$) 0	1460	1503 1,100 2503 550 Plant issue fee 1460 130 1460 130 Petitions to the Commissioner				ar			
SUBTOTAL (1) (\$) 0		130			i cutions to	the Commission	CI.		
		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)							
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1806	180	1806	180					
Fee from Extra Claims below Fee Paid	8021	40	8021	40	Recording each patent assignment per property (times number of properties)				
Total Claims -20** = X = 0	1809	790	2809	395	Filing a submission after final rejection				
Independent -3** = X = 0	1810	790	2810	395	(37 CFR 1.129(a)) For each additional invention to be examined (37 CFR 1.129(b))				
Claims Multiple Dependent X = 0	1801	790	2801	395	•	r Continued Exan	nination (RCE)	-	
							,		
Large Entity Small Entity Fee Fee Fee Fee Description	1802	900	1802	900			ination of a design		
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	Other fee (specify)								
1202 50 2202 25 Claims in excess of 20	Other	iee (speci	1y)						
1201 200 2201 100 Independent claims in excess of 3									
	*Redu	ced by Ba	asic Fili	ng Fee Paid		SUBTOTAL	(3) (\$)120.00		
1203 360 2203 180 Multiple dependent claim, if not paid									
1204 200 2204 100 ** Reissue independent claims over original patent	CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]								
1205 50 2205 25 ** Reissue claims in excess of 20 and	I her	eby certif	fy that th	is correspor	ndence is bei	ng:			
over original patent							the date shown below	with sufficient	
SUBTOTAL (2) (\$) 0						envelope addresse Box 1450, Alexa	ndria, VA 22313-1450	<u> </u>	
**or number previously paid, if greater; For Reissues, see above			transmi	tted by facsi	mile on the o	late shown below	to the United States Pa	atent and	
	1			ark Office a					
	l —	'n	late				Signature		
	Date Signature								
	Typed or printed name								
SUBMITTED BY () Complete (if applicable)									
Name (Print/Type) Luan C. Do		tration N		38,434			(202) 585-8000)	
	(Attor	(Attorney/Agent)				Telephone			
Signature						Date	October 31, 20	US	

